

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09805529  
APPLICANT(S)

FILING DATE  
03-13-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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TOTAL IND.	15	↓		↓		↓
TOTAL DEP.	19	↓	↓	↓	↓	↓
TOTAL CLAIMS	34					

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy